

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Carol Day at 9:42 am, Sep 17, 2014

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT	HEPORT #
this report in duplicate at the time of the regular monthly preventative maintenance check, and	whenever instrument is repaired

Complete this report in duplicate at the time Send copy to Department of Health and Se	e of the regular monthly preventative nior Services; retain original in depa	maintenance c tment file.	heck, and wher	never instrument is repaired.
ALCO SENSOR IV SN 030792	PRINTER SN 03A.2436.038			OF INSPECTION 2/2014
LOCATION OF INSTRUMENT (STREET AND CITY) C.C.S.O 1 Court Circle Suite 13, Camed	lenton,Mo,65020		TIME 0 4:50) inspection) am
CHECKLIST: Place a mark in the box by ea ues where determined.) Unmarked items m	ch item If found to be satisfactory or ust be corrected before using instrun	if operating with rent.	in established li	mits. (Write in observed val-
DIGITAL READOUT (ALL ELEMENTS	OPERATIONAL)			
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)			
PRINTER WORKING PROPERLY				
☑ TIME AND DATE DISPLAYING PROPE				
BREATH ALCOHOL ACCURACY STANDA				
☐ SIMULATOR SOLUTION	☑ COM	PRESSED ETH	ANOL-GAS MIX	KTURE
STANDARD SUPPLIER Intoximeters	LOT # AG23	3201 EX	P. DATE 11/27	/2014
SIMULATOR TEMPERATURE (34°C ± 6	0.2°C) SIMULATOR SI	l	SIMULATOR	EXP DATE
0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	e standard solution being used. (PRI DETWEEN 0.095% and 0.105% IN DETWEEN 0.076% and 0.084% IN DETWEEN 0.038% and 0.042% IN	CLUSIVE CLUSIVE	IED)	
TEST 1 . 100	TEST 2 . 100	TEST :	3 章 .100	
RFI DETECTOR OPERATING				
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWING RANGES TESTS)	SINCE THE LA	ST MAINTENA	NCE REPORT:
REFUSALS 0 (004) 0	(.0509) 0 (.1014)	0 (.15	19) 0	(OVER .19) 0
List any new parts and describe any alteration established limits (use other side if necessary Calibration check needed and performed	⁷).			
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER EXPIPATION DATE	Digite 3		RE A. Sylvester	
2875 Jam	rohol Program, MO Department of H es Boulevard iff, MO 63901	(573) 3	346-2243	theast District Office
20 60 04 26 (14 ph)				

AIDAS.

Airgas Mid America (LABORATORY)

3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 27-Nov-2012

Dear Sir,

This is your Certificate of Analysis:

Exp. Date 11/27/2014 <u>Cyl. Type</u> 108

Component Ethanol

Nitrogen

<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm)

Balance

Lot#

AG233201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

 Serial No.
 Concentration

 EB0010581
 391.5 ppm

 EB0010570
 258.4 ppm

 EB0010285
 208.9 ppm

 EB0010561
 101.9 ppm

 EB0010681
 53.0 ppm

 Serial No.
 Concentration

 EB0010603
 390.9 ppm

 EB0010559
 258.3 ppm

 EB0010595
 209.2 ppm

 EB0010562
 104.9 ppm

 EB0010579
 52.4 ppm

Analytical Method:

NDIR

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JASON A SYLVESTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from 577.020 through 577.041, RSMo and 306.111 through 30	a sample of expired air. Permit issued under the provisions of sections 6.119 RSMo.
DATE 12/31/2013	wenter
NUMBER 230346	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY Jacking director
EXPIRES 12/31/2015	,acting director
MO 650 0771 (6-10)	ORECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES 1.65.4 (R5.1a)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardhalder is authorized to operate an evidential breath electrici Instrument for the determination of the alectroic content in breath form of expired a

Operator SYLVESTER, JASON Permit No 230346

Date Issued 12/31/2013 Date Expires 12/31/2015